

Registration Check List

- ☐ Fees ☐ Registration Form ☐ Roster
☐ Assumption of Risk ☐ Proof of Residency
☐ Copy of roster w/ staff initials

City of Burbank
 Parks and Recreation Department
 Sports Office – (818) 238-5330
www.Burbankca.gov/sports

FOR OFFICE USE ONLY

Receipt # _____
☐ Cash ☐ Check ☐ Charge
☐ \$447 (75% RES) ☐ \$473 (NR)

20__ VOLLEYBALL LEAGUE REGISTRATION FORM

☐ WINTER ☐ SUMMER ☐ FALL

Team Name: _____ Team Manager: _____

Cell Phone: _____ Alternate Phone: _____

Address: _____

City: _____ Zip: _____ DOB: _____

Email: _____ Name: _____

Email: _____ Name: _____

Team Status	Winter	Summer	Fall
<input type="checkbox"/> New Team <input type="checkbox"/> Returning Team (Team Name if name changed) _____	<input type="checkbox"/> Women's 6-player	<input type="checkbox"/> Coed <input type="checkbox"/> 4-Man	<input type="checkbox"/> Reverse Coed <input type="checkbox"/> 4-Woman

TEAM EVALUATION

Please rate your team to assist in team placement.

Competitive attitude: VERY COMPETITIVE COMPETITIVE RECREATIONAL

Overall Team Rating: A B C D E F

Our league games can start as early 8:30 am, and as late as 9:00 p.m. You may REQUEST preferred game times below, but they are not guaranteed. Your team must be available to play all game times.

Please check all preferred game time requests: times are not guaranteed ☐ 8:30-11:30 ☐ 10:30-1:30

Notes: _____

***All paperwork is due at the Sports Office by 6:00 p.m. on the last day of open registration. Teams that fail to provide all the proper paperwork by the deadline will be removed from the league and all league fees less \$50 will be returned to the payee.**

Team Manager's Signature: _____ Date: _____

NOTE: Registration will be taken on a first come basis. No spots are reserved for returning teams.